

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

PRIMARY CARRIER
Company Code 04160 (Florida Certificate of Authority Number)

File # A81-3866-80

Company Name Florida Physicians Insurance Reciprocal

Policy Number 8101-06804

EXCESS CARRIER
Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured C. Brooks Henderson, M.D.
Address 2 S. W. 12th Street
Ocala, Florida 32670

County Code 14

(1) Specialty one - Psych Code 19

(2) Date of Incident (Month, Day, Year) 112980

(3) Date submitted for mediation (Month, Day, Year)

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion

(5) Date of suit, if filed (Month, Day, Year)

(6) Disposition of incident (check one):

(1) Final Judgment (2) Settlement

(3) Final Disposition Not Resulting in Payment on Behalf of the Insured

(7) Date and amount of Judgment or Settlement (Month, Day, Year)

A. Primary Indemnity \$ 0 C. Excess Indemnity \$ _____

B. Primary Defense \$ 0 D. Excess Defense Costs \$ _____

(8) Summary Judgment (1) For Plaintiff (2) For Defendant

(9) Directed Verdict (1) For Plaintiff (2) For Defendant

(10) Trial (1) YES (2) NO

(11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 04/16/81 No claim

(12) Include brief summary of occurrence which created claim on back.

Pt was under insd care for acute psychotic episode. Pt was hallucinating voices, he attempted to put out his R eye with an ice pick & chop off his hand with a meat cleaver, suffering grievous injury. Pt is back under insds care. Insd is not aware of any impending legal action.